

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

AMARY URENA

Write the full name of each plaintiff.

"SEE ATTACHED"

CV

(Include case number if one has been assigned)

-against-

THE CITY OF NEW YORK

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

WILL RODRIGUEZ SHELTON #1485

LAUREN MORTARTY SHELTON #14377

LEHRAN ALI SHELTON #955709

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

CORPORATION COUNSEL OF THE  
CITY OF NEW YORK  
100 church street  
New York, New York 10007

WILL RODRIGUEZ P.O OF 42nd  
PRECINCT SHEILD# 19485  
830 Washington Ave  
Bronx, N.Y 10451

LAUREN MORTARTY P.O OF 42nd  
PRECINCT SHEILD# 14377  
830 Washington Ave  
Bronx N.Y 10451

ILIRAN ALMI P.O OF 42nd  
PRECINCT SHEILD# 955709  
830 Washington Ave  
Bronx, N.Y 10451

CANDELARIO ~~TR~~ SGT OF 42nd  
PRECINCT TAX# 948739  
830 Washington Ave  
Bronx, N.Y 10451

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

4th through the 14th Amendment  
5th through the 14th Amendment  
8th Amendment

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

\_\_\_\_\_  
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
(Defendant's name)

\_\_\_\_\_  
or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of

\_\_\_\_\_  
If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

ANNA V URENA  
First Name Middle Initial Last Name

2311 southern BLVD Apt #405  
Street Address

BRONX NEW YORK 10450  
County, City State Zip Code

(504) 877-9438  
Telephone Number

JOHN.DOESON@ICLOUD.COM  
Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: CITY OF NEW YORK  
 First Name Last Name  
CORPORATION COUNSEL  
 Current Job Title (or other identifying information)  
100 church street  
 Current Work Address (or other address where defendant may be served)  
New York, New York 10007  
 County, City State Zip Code

Defendant 2: WILL RODRIGUEZ  
 First Name Last Name  
POLICE OFFICER SHEILD #19485  
 Current Job Title (or other identifying information)  
830 Washington Ave  
 Current Work Address (or other address where defendant may be served)  
BRONX NEW YORK 10451  
 County, City State Zip Code

Defendant 3: LAUREN MOREARTY  
 First Name Last Name  
POLICE OFFICER SHEILD #14377  
 Current Job Title (or other identifying information)  
830 Washington Ave  
 Current Work Address (or other address where defendant may be served)  
BRONX, New York 10451  
 County, City State Zip Code

IMRAN ALI P.O OF 42nd SHEILD #955709  
830 Washington Ave  
BRONX, New York 10451

Defendant 4: JUAN CANDELARIO  
First Name Last Name  
BGT  
Current Job Title (or other identifying information)  
830 Washington Ave  
Current Work Address (or other address where defendant may be served)  
Bronx New York 10451  
County, City State Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence: 995 E. 167 St Bronx New York 10459

Date(s) of occurrence: November 17, 2023

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

0  
SEE ATTACH  
SHEET



On the 17th day of November 2021 I sat innocently in front of building steps, On 995 E.167st In the Bronx, New York 10459. And during this time I saw officers P.O RODRIGUEZ# accompanied by P.O MORIARTY#14377 pushing a motorized dirt bike to the corner of E.167st and Vyse. In which I thought nothing of and continued talking on my phone and minding my business. (1).Some time after I was approached by officer Moriarty shield #14377 And her partner officer Rodriguez shield #19486 and was stoped and detained as they began searching and questioning me of my whereabouts, and an alleged crime(at this point of time the officers violated my right against unlawful search and seizure and my right to a fair due process in which the law requires them to have reasonable suspicion to justify an stop in which they didn't have)After approximately 5 minutes of questioning I felt harassed and asked why was I being harassed and was I under arrest or free to go ,(2).in which at that time I was told by SGT. Candelario that I was being detained (At this time the SGT failed to supervise his employees when they violated my right to due process and became liable).(3)they continued questioning me for approximately 15 minutes up until I was arrested.(And before or after the arrest I was not never read any Miranda warnings. Due to this fact the police violated my right against self incrimination). (3)Before I was arrested an identification show up procedure was conducted by P.O ALLI #955709 and his partner PERALTA Once at the scene of the show up officer ALLI asked the witness was I the suspect of the crime alleged ,multiple times until he finally stated "I didn't see him he had a hoodie". In which at that time officers conducting the identification procedure drove off and came back to conduct the identification procedure all over again (at this point of time the officers conducting the identification procedure violated my right to a fair due process when they didn't let me go immediately after the witness indicated "I didn't see him he had a hoodie ") And the second time around after minutes of coercion I was arrested after the witness stated" I think so "(4)At this time I was aggressively apprehended and handcuffed tightly. While handcuffed my hands and wrist were twist and turned by officers ,And my arms were forced upwards to cause physical pain to my person I told the SGT numerous times to loosen the cuffs because they were to tight but to no avail(at this time my right was violated against cruel and unusual punishment)

**AMAURY URENA**

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

~~He felt~~

He fell into deep depression  
And hand pain through hands And wrist  
Medical was afforded for general and mental  
health (SEE ATTACHED)

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

1,000,000 Dollars



## **INJURIES**

**PLEASE BE INFORMED that due to this false arrest by the defendants I was wrongfully imprisoned and maliciously prosecuted. And forced to await trial while incarcerated for the duration of 1 year and 3 months. And during this incarceration I endured a lot of mental anguish and physical injuries including but not limited to loss of eye sight and nerve damage to the hands ,and other injuries stemming from suicidal ideations to assaults by D.O.C staff and inmates which are to much for me to account for without record ,but that are all documented with the medical records of D.O.C**

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>August 7<sup>th</sup> 2023</u>		<u>AMAURY URENA</u>
Dated		Plaintiff's Signature
<u>AMAURY</u>	<u>V</u>	<u>URENA</u>
First Name	Middle Initial	Last Name
<u>2311 Southern blvd Apt #405</u>		
Street Address		
<u>BRONX, NEW YORK</u>		<u>10460</u>
County, City	State	Zip Code
<u>504 877</u>		<u>john.doeson@icloud.com</u>
Telephone Number	Email Address (if available)	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

### CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the Internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

URENA ALMAURY

Name (Last, First, MI)

2311 Southern blvd bronx New York 10460

Address

City

State

Zip Code

504 877 9438

Telephone Number

JOHN.DOFSON1@ICLOUD.COM

E-mail Address

August 7th 2023

Date

ALMAURY URENA

Signature

Return completed form to:

Pro Se Intake Unit (Room 200)  
500 Pearl Street  
New York, NY 10007

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

AMAURY URENA

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV

( ) ( )

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

WILL RODRIGUEZ SHELTON #19485

LAUREN MORTARTY SHELTON #14377

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- |   |                              |  |
|---|------------------------------|--|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

ASK FOR MONEY FROM FAMILY

4. How much money do you have in cash or in a checking, savings, or inmate account?  
NONE
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:  
NO
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:  
NO
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):  
NONE
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:  
NONE

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

August 7th 2023  
Dated

AMARY URINA  
Signature

AMARY URINA  
Name (Last, First, MI)

Prison Identification # (if incarcerated)

2311 Barthorn Blvd Apt #405 Bronx New York 10460  
Address City State Zip Code

(604) 877-9438  
Telephone Number

John.doeson1@icloud.com  
E-mail Address (if available)